



**TEXAS DEPARTMENT OF AGRICULTURE  
COMMISSIONER SID MILLER**

**RURAL COMMUNITIES HEALTH CARE INVESTMENT PROGRAM**

**Guidelines and Request for Application**

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**Please read all materials before preparing and submitting the application.** Failure to follow the instructions and requirements described in this Request for Application (RFA) may result in the disqualification of the application.

## Statement of Purpose

The Texas Department of Agriculture (TDA) announces the availability of Fiscal Year (FY) 2017 funds to assist rural communities in recruiting health care providers, other than physicians, through partial student loan reimbursements or stipend payments to non-physicians, to encourage such providers to practice in their community. The Rural Communities Health Care Investment Program (RCHIP) utilizes funds from a permanent endowment established from the tobacco settlement for the State of Texas and authorized under TEX. GOV'T CODE Sec. 487.558. The authority for this program is provided in Texas Government Code Chapter 487, Subchapter M, and Texas Administrative Code Chapter 30, Subchapter B.

## Projected Timeline of Events

December 1, 2016	Application availability
April 19, 2017	Deadline to submit application
June 2017	Award notification
August 1, 2017 – July 31, 2018	Term of Award

## Eligibility

RCHIP is intended to assist rural communities in recruiting health care providers, *other than physicians*, to practice in their community. The program provides partial student loan reimbursement or stipend payments to **non-physician providers**:

- who practice in a qualifying community upon receiving their license within the last 24 months prior to application submission; or
- who change employment within the last 12 months, prior to application submission, from a practice site in a large county (over 500,000) to a qualifying community to practice in the field for which they are licensed.

Eligible health professionals include, but are not limited to, physician assistants; nurses; physical and occupational therapists; pharmacists; optometrists; emergency medical technicians; speech pathologists; dentists; and licensed non-physician mental health practitioners. Health professionals must:

- 1) Reside in the State of Texas;
- 2) Not have a service obligation to any entity or participate in any educational loan reimbursement program or other incentive program;
- 3) Hold a Texas license, certificate, registration, permit, or other form of authorization required by law or a state agency to work in a health care profession (herein collectively referred to as a license), other than MD or DO, and
  - Be newly licensed in the field under which this application is submitted (received first license within the last 24 months prior to application submission); OR
  - Be a licensed health professional practicing in a county with more than 500,000 people and move to practice in a qualifying community in the field under which this application is submitted (applicant may not have been residing or practicing in the qualifying community for more than 12 months prior to application submission);
- 3) Provide services to clients that receive at least one form of indigent care in qualifying community;
- 4) Agree to practice in the qualifying community for at least 12 consecutive months;
- 5) Provide services in a county that has either MUA designation or the HPSA designation appropriate for the provider type applying to the program (i.e. dentists apply for a dental HPSA, mental health providers apply for a mental health HPSA, primary care providers for a primary care HPSA); and

- 6) Establish an office and residency in the qualifying community before receiving any portion of the stipend (applies only to health professionals participating in the stipend program).

Please note that for the purposes of this award, services may not be provided solely through telehealth.

#### Qualifying Communities

A medically underserved community for the purposes of this program refers to a community that is located in a Texas county with a population of 50,000 or less and has been designated under state or federal law as a Health Professional Shortage Area (HPSA), or a Medically Underserved Area (MUA). For more information about HPSA and MUA designations see: (<http://www.hrsa.gov/shortage/>)

#### NOTE:

Health professionals currently fulfilling an obligation to provide health care services as part of a scholarship agreement, a student loan agreement, or another student loan repayment program **cannot** simultaneously receive funding from a state-funded loan repayment program for the same period of service.

#### **Grantee Responsibilities and Accountability**

The grantee has full responsibility for compliance with program statutes, regulations, and grant terms and conditions, including but not limited to the following:

- Provide health care services to the designated community for the duration of the obligated period per the grant agreement;
- Provide health services to participants of government-funded health benefits programs in the designated community;
- Submit an affidavit to TDA certifying compliance;
- Cooperate with TDA in efforts to collect information and data relevant to the program;
- Notify TDA within 30 days of any changes in address or other relevant contact information during the agreement term; and
- Be personally liable to the state for repayment of any funds awarded plus payment of penalties and fees if the grantee does not provide the required health care services to the qualifying community or is determined ineligible to participate in the program after receiving funds.

#### **Funding Parameters**

Awards are subject to the availability of funds. If funds are not appropriated or collected for this program, applicants will be informed accordingly.

Applications will be competitively reviewed and applicants will receive awards up to \$10,000. RCHIP provides funds for partial reimbursement for student loans, or, for health professionals without a student loan balance, funds are available as a stipend payment. Applicants with loan repayments will be prioritized ahead of stipend applicants.

Selected applicants will be required to submit evidence that they have begun practicing in a qualified community (e.g., letter from employer, pay stub). In addition, award recipients must sign a grant agreement, agreeing to practice in the qualifying community for a minimum of 12 consecutive months.

A one-time payment will be made after 12 months of service has been provided by the award recipient and certified by the employer or community. Failure to remain employed in the qualifying community for the required service period may result in termination of the award contract and/or a requirement to repay the award to TDA plus penalty fees, as applicable.

Within 30 days of receipt of award payments to loan repayment recipients, the recipient must provide TDA documentation that the award amount was used towards loan repayment for any loan previously listed in Section B of the application. Failure to apply grant funds towards repayment of a student loan

and submit required documentation will result in a requirement to repay the award to TDA plus penalty fees.

### **Term of Award**

A Notice of Grant Award is anticipated by June 2017. Selected applicants will be required to complete 12 consecutive months of service in the designated qualifying community. Service must be provided between August 1, 2017 and July 31, 2018, or as specified in the grant agreement. Grant agreements will detail the specific timeframe for the grantee's service requirements.

### **Application Requirements**

To be considered, applications must be complete and include all of the following information. If selected for award, the complete application will become part of the grant agreement as Attachment C (each page of the application is identified as Attachment C in the footer). Application and information can be downloaded from <http://www.texasagriculture.gov/GrantsServices/GrantsandServices.aspx>

#### **1. Application Form Part A.**

- a) *Applicant Contact Information.* This is the name, address and other required information.
- b) *Education/Certification/Activities.* Please detail the schools attended, degrees awarded and dates of attendance, and any license or certification attained.
- c) *Narrative.* The narrative should describe why you have chosen to practice in a qualifying community, reassurance that you will complete the service requirements and any other information you feel is valid for the reviewers to know.
- d) *Certifications.* Carefully read, sign and date the certification. Applications not signed will be considered unresponsive and ineligible.

#### **2. Application Form Part B.**

- a) *Employer Information.*
  1. *Employment Status.* Employer must select the appropriate employment status of the applicant.
  2. *Employment Contact Information.* This is the name, address and other required information for the current or prospective employer, including details of the current employment status of the applicant.
  3. *Employer Engagement with Applicant.* Information regarding applicant's position, hours, start date.
  4. *Patients Served by Employer.* Please check all types of payers that are applicable to the employer.
- b) *Community Need.* Please provide information on the importance of the clinical services provided by the applicant for the community. Please detail any efforts the community has put into supporting the applicant.
- c) *Certifications.* The employer should carefully read, sign and date the certification.

### **Application Evaluation**

Applications will be screened for eligibility and completeness. Applications that are eligible and complete will be competitively reviewed based on the evaluation matrix which is available for reference on TDA's website. Reviewer scores will be averaged and the highest scoring applications will be selected for funding. Evaluation criteria include, but are not limited to, the following:

- Loan repayment vs. stipend applicants;
- Health professionals not participating in any other loan forgiveness, repayment, or stipend program;
- Health professionals who graduate from degree programs in Texas;
- Health professionals who use telecommunications, as appropriate;
- Contributions by the community for loan repayment or stipend payments;
- Amount of outstanding loans compared to starting annual salary; and

- Community needs.

### **Submission Information**

The complete application packet must be **RECEIVED** by **5:00 p.m. (Central Time) on April 19, 2017**. It is the applicant's responsibility to submit all materials necessary for evaluation early enough to ensure timely delivery. Application materials must be typed. Handwritten applications will NOT be accepted. *Late or incomplete applications will not be accepted.* TDA will send a confirmation email certifying that the application has been received.

Complete application with signature must be submitted to:

Physical Address:

Texas Department of Agriculture  
State Office of Rural Health  
1700 North Congress Avenue  
Austin, Texas 78701

Mailing Address:

Texas Department of Agriculture  
State Office of Rural Health  
P.O. Box 12847  
Austin, Texas 78711

Electronic Versions:

Email: [RuralHealth@TexasAgriculture.gov](mailto:RuralHealth@TexasAgriculture.gov)  
Fax: (888) 216-9867

**The e-mail subject line must contain 2017 RCHIP and the applicant last name (Example: 2017RCHIP- Smith).** Applicants are solely responsible for ensuring that their complete electronic submission is sent to, and actually received by, TDA in a timely manner and at the proper destination server.

**IMPORTANT NOTE:** TDA recommends a limit on the attachments to 10MB each. This may result in sending multiple e-mails for the submission of all application materials. All submissions must be sent in Microsoft Word or other Word compatible format or as .PDF files. Unreadable submissions may be deemed unresponsive and will not be reviewed for funding consideration.

TDA takes no responsibility for applications submitted electronically that are captured, blocked, filtered, quarantined or otherwise prevented from reaching the proper destination server by any TDA anti-virus or other security software.

For questions regarding submission of the application and/or TDA requirements, please contact the Texas State Office of Rural Health at (512) 936-6339, or by email at [RuralHealth@TexasAgriculture.gov](mailto:RuralHealth@TexasAgriculture.gov).

### **Successful Application Requirements**

Selected applicants will be required to submit an affidavit certifying compliance with service requirements at 12 months of service. Reporting timelines will be provided in the grant agreement. Failure to comply with reporting requirements may result in the withholding of funds and/or termination of the award.

Payments will be made to the selected applicant's after 12 months of service in the designated community.

### **General Information**

Selected applicants will receive a Notice of Grant Award (NGA) letter and an official Grant Agreement from TDA. The NGA is not legally binding until a grant agreement is fully executed.

TDA reserves the right to reject all applications and is not liable for costs incurred by an applicant in the development, submission, or review of the application.

#### *Right to Amend or Terminate Program*

TDA reserves the right to alter, amend, or clarify any provisions, terms, or conditions of this program or any grant awarded as a result thereof, or to terminate this program at any time prior to the execution of an agreement, if TDA deems any such action to be in the best interest of TDA and of the State of Texas. The decision of TDA will be administratively final in this regard.

#### *Proprietary Information/Public Information*

Applicants are responsible for clearly designating any portion of the application that contains confidential information and must state the reason(s) the information is designated as such. Merely making a blanket claim that the entire application is protected from disclosure because it contains confidential information is not acceptable, and shall make the entire application subject to release under the Texas Public Information Act. In the event that a public information request for the application is received, TDA shall process such request in accordance with Section 552.305 of the Texas Government Code. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take appropriate precautions to safeguard confidential information.

All applications submitted under this program are subject to release as public information, unless the application or specific parts of any such application can be shown to be exempt from disclosure under the Texas Public Information Act, Chapter 552 of the Government Code.

#### *Conflict of Interest*

Applicants are required to disclose any existing or potential conflicts of interest relative to this grant program. Failure to disclose any such relationship may result in the disqualification of an application or termination of agreement.

### **General Compliance Information**

1. Grantees must comply with TDA's reporting requirements and financial procedures outlined in the grant agreement.
2. All grant awards are subject to the availability of funds appropriated and authorized by the Texas Legislature.
3. Grantees must remain in full compliance with state laws and regulations and program requirements. Non-compliance may result in termination of the grant or ineligibility for grant funds, as applicable.
4. Grantees must keep separate records and a bookkeeping account (with a complete record of all expenditures) for grant funds and activities. Records shall be maintained for a minimum of three (3) years after the completion of grant activities, or as otherwise agreed upon with TDA. If any litigation, claim, negotiation, audit or other action is initiated prior to the expiration of the three-year retention period, then all records and accounts must be retained until their destruction is authorized by TDA. TDA and the Texas State Auditor's Office (SAO) reserve the right to examine all books, documents, records, and accounts relating to the grant, including all electronic records, at any time throughout the duration of the agreement until all litigation, claims, negotiations, audits or other action pertaining to a grant is resolved, or until the expiration of the three-year retention period, whichever is longer. TDA and the SAO shall have access to all electronic data or records pertaining to the grant, and the physical location where records are stored.
5. If the Grantee has a financial audit performed during the time the Grantee is receiving funds from TDA, upon request TDA shall have access to information about the audit, including the audit transmittal letter, management letter, any schedules, and the final report or result of such audit.
6. Grantees must comply with Texas Government Code, Chapter 783, Uniform Grant and Contract Management, and the Uniform Grant Management Standards (UGMS).



TEXAS DEPARTMENT OF AGRICULTURE ♦ COMMISSIONER SID MILLER

**RURAL COMMUNITIES HEALTH CARE INVESTMENT PROGRAM**

***POSTMARK DEADLINE: April 19, 2017***

**LATE OR INCOMPLETE APPLICATIONS WILL BE DENIED.**

**Application Checklist**

**REQUIRED:**

- ☐ Typed Application
- ☐ Completed application, including applicant essay (Application Part A-Page 2)
- ☐ Completed application, including community statement of need (Application Part B-Page 2)
- ☐ Proof of graduation from accredited health care training program (copy of diploma)
- ☐ Copy of Driver's License showing current address
- ☐ Copy of Professional License (license must be issued no longer than 24 months prior to application submission)
- ☐ Copy of most recent student loan statement(s), showing most current balance(s), if applying for student loan repayment
- ☐ Offer of employment or evidence of employment in qualifying community health care facility (e.g., pay stub or offer of employment letter from employer)

**For self-employed health professionals:**

- ☐ Proof of self-employment (business tax return, articles of incorporation, or commercial lease agreement for office space)

**OPTIONAL:** Please complete if you have not previously received a TDA grant or if you would like to change previously submitted information.

- ☐ Direct Deposit Form to arrange electronic deposit of grant payments.
- ☐ Payee Identification Number Application (if the individual has not received any payments from the State of Texas).

**NOTE:** If selected for award, the complete application will become part of the Grant Agreement as Attachment C (each page of the application is identified as Attachment C in the footer).

**Mailing Address: P.O. Box 12847, Austin, Texas 78711**

*Physical Address: 1700 N. Congress Avenue, Austin, Texas 78701*

*Voice (800) 835-5832 ♦ (512) 936-6339 ♦ Fax (888) 216-9867*

*www.TexasAgriculture.gov ♦ E-mail RuralHealth@TexasAgriculture.gov*



TEXAS DEPARTMENT OF AGRICULTURE ♦ COMMISSIONER SID MILLER

**RURAL COMMUNITIES HEALTH CARE INVESTMENT PROGRAM**

[FOR TDA USE ONLY]

File No. \_\_\_\_\_

Date Rec. \_\_\_\_\_

2017 Application

APPLICATIONS MUST BE RECEIVED BY 5:00 p.m. (Central Time),

April 19, 2017

**Section A. Applicant Contact Information**

Applicant Name: \_\_\_\_\_  
*Last Name, First, Middle Initial*

Mailing Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

City State Zip Code County

Physical Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

City State Zip Code County

Email Address: \_\_\_\_\_

Phone #: ( ) - Ext. Alt Phone #: ( ) -

Social Security Number: \_\_\_\_\_ Date of Birth: / /

**Section B. Education/Certifications/Activities**

**Education**

Highest degree attained relevant to profession: \_\_\_\_\_

Schools attended:

	School Name	STATE	Degree Awarded	Dates attended (Month/Year)
1.				
2.				
3.				
4.				
5.				

**License/Certifications (Attach a copy when submitting application)**

	License/Certification (PA, RN, etc)	Date issued	Date expires	Issued by	License No.
1.		/ /	/ /		
2.		/ /	/ /		
3.		/ /	/ /		
4.		/ /	/ /		



**Additional Information**

1. Has applicant ever received an RCHIP award? ☐ Yes ☐ No
2. Applicant is applying for one of the following award types: ☐ Loan Reimbursement ☐ Stipend
3. Total amount of outstanding educational loans (if applicable): \$ \_\_\_\_\_

Lender	Account Number	Current Balance

4. Is the applicant eligible for or participating in any other state or federal loan forgiveness, loan repayment or stipend program? ☐ Yes ☐ No
5. Has the applicant moved from a county population of 500,000 or more to practice in a qualified community within 12 months of the application submission? ☐ Yes ☐ No

a. If yes, what county \_\_\_\_\_

**Section C. Narrative**

Please detail your decision to change practice location or to begin your career in a rural area. This may include personal or professional interest in rural communities such as hometown, personal ties, career training, and/or participation in rural lifestyle activities. Attach the narrative as a separate document to the application. Please limit your response to approximately 500 words or one typed page.

**Section D. Certifications****By signing below, Applicant:**

- (1) Certifies all information provided in connection with this application is true and correct to the best of Applicant's knowledge;
- (2) Acknowledges any misrepresentation or false statement made by Applicant, or an authorized agent of Applicant, in connection with this application, whether intentional or not, will constitute grounds for denial of this application;
- (3) Acknowledges acceptance of funds in connection with this application acts as an acceptance of the authority of TDA and the State Auditor's Office (SAO) or any successor agency to conduct an investigation in connection with those funds, and Applicant further agrees to cooperate fully with TDA and/or SAO or its successor in the conduct of the audit or investigation, including allowing TDA and/or SAO to inspect Applicant's premises and providing all records requested;
- (4) Acknowledges this application and any payments owed to Applicant in connection with this application may be reduced or denied because of Applicant's owing any debt to the State of Texas, and that this application and any payments owed to Applicant in connection with this application may be denied because of delinquency in payment of a guarantee student loan and for failure to pay child support; and
- (5) By submission of this application, Applicant acknowledges as a condition of receipt of grant funds under this program the Applicant will be required to execute a grant agreement with the Texas Department of Agriculture, and further acknowledges that failure to timely execute the grant agreement will result in withdrawal of any grant funds awarded, and those funds will be redistributed to other qualified applicants in accordance with state law and TDA rules.

**Notice of Penalties:** The penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of funds under applicable state law.

**Application Signature:**

	X	/	/
Printed name	Signature	Date	

*This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Texas Government Code, Sections 552.021, 552.023, and 559.004.)*



**RURAL COMMUNITIES HEALTH CARE INVESTMENT PROGRAM**

**COMMUNITY SUPPORT INFORMATION**

*(To be completed by the new or potential employer in a qualifying community. If the applicant does not have an employer at the time of application or will be self-employed, this section may be completed by a representative of the community, county health department, or an elected or appointed representative of the qualifying community.)*

Applicant Name: \_\_\_\_\_

*Last Name, First, Middle Initial*

**Section A. Employer Information**

**Employment Status – please indicate the appropriate status**

- \_\_\_\_\_ No employer information is available at the time of this application.  
\_\_\_\_\_ Applicant is or will be self-employed, serving a qualified community.  
\_\_\_\_\_ Employer information is known and provided below.

**Employer Contact Information**

Name of Employer: \_\_\_\_\_

Employer

Representative Name: \_\_\_\_\_

*First Name, Last name*

*Position/title*

Mailing Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

*County*

Physical Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip Code*

*County*

Email Address: \_\_\_\_\_

Phone #: ( ) - Ext. \_\_\_\_\_

Alt Phone #: ( ) - \_\_\_\_\_

**Employer Engagement with Applicant – please check one**

- \_\_\_\_\_ Applicant is currently employed.  
\_\_\_\_\_ Applicant has been offered employment.

Applicant's official position with the employer: \_\_\_\_\_

Estimated clinical hours worked per week by

Applicant: \_\_\_\_\_

hours per week

Applicant's employment start date: \_\_\_\_\_

/ /

Is there an opportunity for the applicant to utilize telecommunication or telemedicine to reach additional patients?

☐ Yes

☐ No

Estimated starting annual salary of the applicant: \_\_\_\_\_

\$ \_\_\_\_\_

## Patients Served by Employer

Employer currently serves, and the applicant serves/will serve patients with the following payers (indicate all that apply)

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> SCHIP
<input type="checkbox"/> CPS Medicaid	<input type="checkbox"/> Sliding Scale/Indigent	

## Section B. Community Need

Please describe the need for the clinical services to be offered by applicant in the community. If available, please reference any supporting documentation of shortage (e.g., Community Health Needs Assessment, federal designation of county, demographic or population information, information about next nearest provider of similar services, service area of the provider including counties served). Please describe the efforts the community has put into supporting the applicant (e.g., letter of hire, efforts to retain employees, community engagement activities to help new hires and/or their families join the community). Attach the community narrative as a separate document to the application. Please limit your response to approximately 500 words or one typed page.

## Section C. Employer Certifications

### By signing below, Employer:

(1) Certifies all information provided in connection with this application is true and correct to the best of Employer's knowledge;

X \_\_\_\_\_ / /  
Signature of Employer Representative Date

\_\_\_\_\_  
Printed name of Employer Representative and Title

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Texas Government Code, Sections 552.021, 552.023, and 559.004.)

